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# The Representation of Caesarean Birth in Medieval Miniatures: A Medical and Iconographic Analysis

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**Abstract**
Medical, cultural, and iconographic representations of caesarean birth in medieval manuscripts reveal complex intersections of anatomical knowledge, gendered authority, and visual narrative construction. Iconographic analysis of miniatures from Les Faits des Romains and Tacuinum Sanitatis demonstrates that, despite limited anatomical understanding, caesarean birth was predominantly framed through a patriarchal male gaze that silenced the maternal experience. Simultaneously, visual elements indicate the transmission of obstetric knowledge within female networks, positioning the procedure as both a medical intervention and a ritualized communal act. The absence of detailed surgical depiction reflects the era's limited technical understanding and emphasizes symbolic and ideological aspects over clinical accuracy. Integrating perspectives from medical history, art history, and gender studies, this analysis elucidates the cultural production of childbirth imagery and the symbolic mediation of the female body in historical medical discourse. These findings contribute to broader discussions on how medical knowledge is socially constructed and visually encoded, highlighting the negotiation between embodied experience and textual authority in premodern obstetrics.
**Keywords: Caesarean, Middle Ages, Female Body, Miniature, History of Medicine**

## 1.Introduction

Cesarean birth has historically functioned not only as a medical intervention, but also as a cultural site where the intersections of the body, knowledge, and representation are articulated. From antiquity onward, cesarean delivery has been surrounded by accounts of divine births, mythological figures, and extraordinary narratives of parturition. Over time, these narratives were reconfigured first through medical discourse, and later through visual iconography. The representational framework constructed around the female body reveals not only the biological dimension of childbirth but also a multilayered structure involving fertility, authority, gender, and the transmission of knowledge. This article aims to trace the historical and representational trajectory of cesarean birth from the medieval period to the modern era, revealing the transformation of the female body into both a medicalized object and a symbolic surface. Within the scope of this analysis, cesarean birth scenes depicted in manuscripts such as *Les Faits des Romains* and *Tacuinum Sanitatis* are examined through iconographic, anatomical, and gender-based frameworks. The symbolic tension between the passive representation of the woman and the centralized figure of the child in these miniatures reflects not merely a birthing practice, but the visual articulation of a broader epistemological regime. Adopting a multidisciplinary methodology, this article integrates approaches from the history of medicine, art history, and feminist critique to interrogate the structures of both textual and visual narratives surrounding cesarean birth. In this context, the cesarean section is interpreted as both a corporeal act and an ideological instrument of representation.

## 2.From the Middle Ages to Modern Medicine: Cesarean Birth

Cesarean birth represents not merely a technical surgical intervention but a multilayered construct shaped by historical, epistemological, and cultural engagements with the female body. This mode of delivery has, throughout history, been informed not only by medical necessity but also by systems of knowledge, authority, and symbolic order. In antiquity, cesarean birth appeared less as a bodily practice and more as a mythological narrative. Examples such as the birth of Asclepius, who was delivered from his mother's body, or Dionysus, who emerged from Zeus's thigh, reflect mythological narratives in which birth occurs through divine intervention. These myths have encoded cesarean delivery not only as a supernatural event but also as a sacred mode of birth. This symbolic value, when coupled with the etymological interpretation of the term *caesarean* derived from the Latin verb *caedere* (to cut) transforms the act of cutting the body into a means of accessing knowledge and power (Tostado Fernández, 2024, pp. 122–123). In the medieval period, the application of cesarean birth exclusively to deceased mothers delineated both the physical and symbolic boundaries of intervention upon the female body. While the living female body was regarded as inviolable, postmortem surgical opening was legitimized through spiritual rationales. The primary aim in such cases was not to preserve the mother's life, but to enable the baptism of the child and the salvation of its soul (Blumenfeld-Kosinski, 1990, pp. 60–62). This perspective renders the female body not as the site of birth, but as a vessel for spiritual transition. Visual representations reflect this conceptual framework; for instance, in the miniature from *Les Faits des Romains*, the maternal figure appears unconscious or deceased, while the child is portrayed as alive, gazing directly at the viewer, and occupying an almost dominant presence. Such representations are grounded not in the medicalization of the body, but in the symbolic construction of the figure; birth is thus reframed not as a clinical procedure but as an ideological spectacle. In medieval societies, birth and death were not merely biological transitions but ritual thresholds saturated with religious and social significance. The female body was transformed into a symbolic space situated between these two extremes, where roles of fertility and motherhood extended beyond individual identity to serve as representations of the broader social order. This conceptual framework is clearly observable in the cesarean scenes depicted in the manuscripts *Les Faits des Romains* and *Tacuinum Sanitatis*. In both miniatures, the maternal figure is portrayed as passive, silent, and ceremonial, while the newborn rendered with a proportionate body and alert eyes is represented less as an ordinary infant and more as a figure of predestined significance. In this context, the birth scene becomes not merely a bodily event, but a visual ritual of authority. The exposure and dramatization of the female body, along with the theatrical staging of childbirth, transform the woman from an embodied subject into a narrative device. This process reveals how visual culture ascribes theological and ideological meanings to female biological existence. The frequent depiction of the mother as painless, unresponsive, and silent in cesarean imagery further marginalizes her position within the narrative structure. Beginning in the 14th century, with the written involvement of male medical authorities in the subject of cesarean birth, knowledge surrounding childbirth began to be systematically produced through a male-authored textual tradition. For instance, in the *Lilium Medicinae*, cesarean delivery is described in detail; however, such texts often stemmed not from practical surgical experience, but from theoretical abstraction. Since the oral knowledge of female midwives was not transcribed, it remained outside the formalized medical canon. As a result, obstetric knowledge was no longer rooted in the female body, but redefined as a domain of authority constructed through male writing (Blumenfeld-Kosinski, 1990, pp. 64–69). As the body was opened, knowledge was closed; lived experience was replaced by textual authority. With the Renaissance, theoretical propositions regarding the surgical application of cesarean

delivery increased; yet even in these texts, the procedure was often described not by practitioners themselves, but through ideas derived from observation or second-hand narrative. Erroneous claims such as the suggestion that suturing the uterus was unnecessary illustrate how writing detached from practical experience could exercise a profoundly irresponsible authority over the female body (Tostado Fernández, 2024, p. 125). Visual documents from this period likewise transformed the female body into an aestheticized anatomical stage. In works such as *Fasciculus Medicinae*, female figures are depicted with internal organs exposed, illustrating how the body had become an object of knowledge yet one to which the woman herself had no access. By the nineteenth century, advances in antisepsis, anesthesia, and suturing techniques rendered cesarean delivery no longer fatal, but instead a viable surgical intervention. The ability to suture the uterine wall, prevent infections, and increase maternal survival rates following childbirth transformed the cesarean section into one of modern medicine's routine procedures (Tostado Fernández, 2024, p. 126). Nevertheless, narratives and representations of cesarean birth continue to uphold the passivity of the female subject. In both textual and visual materials, the primary focus remains the rescue of the child, while the mother's experience, voice, and emotions are systematically excluded. The historical trajectory of cesarean birth thus serves not only as a medical history, but as a cultural document revealing how knowledge production, authority, and symbolic forms of representation have been constructed around female fertility. The opening of the body and the closure of knowledge occurred simultaneously; childbirth was no longer defined by experiential knowledge but reframed through male-dominated textual and visual cultures. As such, cesarean delivery has become one of the most ideologically charged codes of both medicine and culture, generating a narrative universe in which the female body is rendered in silence.

## 3.Cesarean Birth in Medieval Miniatures

Medieval miniature art functioned not merely as a decorative element accompanying the text, but as a potent medium for the production of knowledge and ideological representation. Particularly within medical manuscripts, this art form developed a visual narrative language that articulated both anatomical knowledge and social constructions of gender. Representations of the body in these miniatures were not solely aesthetic choices; they also reflected epistemological and social priorities. The female body, in particular, was frequently associated with layered meanings such as fertility, protection, sin, or mystery. In French manuscripts, from the thirteenth century onward, miniature art increasingly merged with medical discourse in a more systematic fashion. Within this process, the female body became both a defined object of knowledge and a site of representation. In the early phases of miniature art, the female body was predominantly situated within religious iconography. The figure of the Virgin Mary, associated with childbirth and motherhood, was idealized within a symbolic framework of purity and passivity. However, after the thirteenth century, especially in manuscripts concerning childbirth and women's health, more secular, anatomical, and observational representations began to emerge. Encyclopedic medical texts such as *Tacuinum Sanitatis* played a significant role in this evolution. In such manuscripts, visual depictions of childbirth scenes, pregnancy, and the female body were presented alongside medical explanations, thereby shifting visual narratives into the domain of knowledge production (Blumenfeld-Kosinski, 1990, pp. 50–53). Another prominent group within the French miniature tradition consists of manuscripts that merge imperial history with medical discourse. Chief among these is *Faits des Romains*, which conveys the myth of Julius Caesar's cesarean birth through both textual and visual means. Within this narrative, the female figure is represented as a body from which the fetus

must be extracted, while the figure performing the delivery is typically portrayed as a male surgeon or attendant. In these visual scenes, the mother is often depicted as unconscious or deceased; pregnancy is not shown within the womb, but rather through the act of cutting open the abdomen. Such miniatures present narratives in which the female body is rendered a subject of medical knowledge, and fertility is redefined through the lens of gendered authority (Tostado Fernández, 2024, pp. 123–124). In miniatures produced in France after the late 14th century, depictions of pregnant female figures became increasingly prominent. These figures often appear in scenes of prenatal care or in dramatic representations of the birthing moment. In such contexts, the female body is reduced not merely to the act of giving birth, but to a subject of intervention opened, exposed, and rendered a visual spectacle. The frontal presentation of the female body in these visual compositions, along with the deliberate exposure of internal organs, particularly the uterus, reflects a conceptual shift: the body is no longer mysterious but instead framed as a structure to be deciphered. These representations reveal that miniature painting functioned not merely as ornamentation, but as a discursive space for medical and ideological expression (Donohue, 1988, pp. 20–23). In this context, French miniatures visualize the relationship between the female body and the production of knowledge, while frequently constructing the female figure as passive and silent. Women give birth, yet the birthing process is observed, depicted, and textualized by men. This visual arrangement suppresses the woman's subjectivity, portraying her as a body through which knowledge is accessed, but to which no voice is granted. The depiction of the pregnant woman, particularly in scenes where cesarean birth is symbolically rendered, is often completed through the mother's silence and the visual triumph of the newborn. In this way, birth is reframed not as a woman-centered experience but as a medico-iconographic performance structured through the male gaze. The transformation of the female body within miniature art thus mirrors an epistemic shift in the history of medicine. The transition to written knowledge brought with it the notion of the body as something observable and representable. In this process, the pregnant body was shaped as an object of meaning, intervention, and interpretation. These representations reveal not only how childbirth was conceptualized, but also how the role of women within society was ideologically constructed. These visual documents represent scenes where medical knowledge and artistic expression converge, while also serving as sites for the reproduction of gender roles. The depiction of midwives in cesarean birth scenes can be interpreted not only as portrayals of medical intervention, but also as visual records of female-to-female knowledge transmission. Midwifery figures in miniatures are typically singular, functional, and defined by their actions within the scene. Emotional responses such as mourning or dramatic gestures of pain are notably limited; the figures are reduced to functional bodies assigned to the successful execution of birth. In one such scene, for example, a female figure merely stands with her hands clasped, while others hold the infant, pour water, or intervene directly with the mother's body (Blumenfeld-Kosinski, 1990, pp. 54–55). This suggests that childbirth is coded not as an emotional, but as a mechanical process. The use of accessories in these miniatures is minimal. The scene is often framed by a bare, simple background with only a few draped fabrics. This minimalist visual style directs attention away from decorative complexity and toward the act of bodily opening. Compared to late medieval miniatures, these early depictions construct dramatic intensity through much more restrained visual compositions. The maternal figure is almost always positioned at the center of the composition, yet what is depicted is the moment after the cesarean has been completed; the procedure is neither shown in progress nor in its initiation only the *result* is rendered visible. This visual choice shifts the viewer's attention away from surgical skill and toward the miraculous. Indeed, such birth scenes often appear in manuscripts documenting the life cycle of Julius Caesar, where

the cesarean is framed not merely as a medical event, but as a historical moment. Figuratively, the cesarean act is associated not only with the mother's death, but more significantly with the child's destiny. In this way, the birth scene becomes an iconographic prologue that refers not to the experience of the woman giving birth, but to the identity and future role of the one being born.

### 3.1 The Visual Codes of Cesarean Birth: The Representation of Cesarean Delivery in *Faits des Romains* (fol. 219r)

The birth scene of Julius Caesar in the French manuscript *Faits des Romains* (Royal MS G 16 VII, fol. 219r), held at the British Library, serves not only as a historical representation of cesarean birth, but also as a striking iconographic example of how the female body is transformed into a medical, ideological, and aesthetic object. The scene presents a multilayered visual narrative situated between death and life, fertility and authority, femininity and silence. At the center of the miniature lies a nude female figure, horizontally positioned on a platform, with her abdomen visibly opened. The figure, whose appearance clearly suggests death, gazes into the void unresponsive and silent. The abdominal incision is depicted facing the viewer directly, and the infant emerging from within is placed at the dramatic center of the composition. The woman's body is not shown in the act of giving birth, but rather as a passive site for surgical intervention and its aftermath. Two attendant figures, both rendered as women, are present in the scene. One of them bends over the abdomen, holding the infant with her hands and completing the delivery. The child's hair is drawn in distinctly curly strands, enhancing the visual realism and suggesting an emphasis on individual characterization. The other female figure, positioned on the right side of the scene, is shown pouring liquid from a large vessel. The fluid may be interpreted as amniotic fluid, blood, or water used for postnatal cleansing. This act suggests that childbirth is represented not merely as a biological event, but also as one with ritualistic and ceremonial dimensions (Donohue, 1988, pp. 20–22). The choice to depict both attendants as women serves to enhance visual empathy within the scene, reinforcing the presence of female support figures during birth. Yet the mother's silence underscores the transformation of her body into a site that is accessible to knowledge but denied expression a space opened to observation, yet closed to voice. The mother does not give birth; birth is performed through her. Her body is not represented as the agent of childbirth, but as its outcome. In this context, nudity conveys not only physiological naturalness, but also vulnerability and openness to intervention. The complete exposure of the body enables the production of surgical knowledge while simultaneously erasing the woman's subjectivity within the representation. The body is made visible, yet the lived experience is erased. The spatial context of the birth is deliberately abstracted. We are situated neither within a room nor in a birthing chamber. The scene is marked by a lack of grounding, with the background consisting of a flat plane bordered by Gothic ornamentation indicating a shift away from worldly realism toward symbolic representation. This underscores the transformation of childbirth from a medical or personal event into a historical and mythological narrative. Ultimately, this miniature clearly illustrates how the female body is objectified in the production of obstetric knowledge, how a visual epistemology of medicine is constructed, and how cesarean birth is represented not as the reproduction of a woman, but of a lineage, a history, or a myth. The body is opened; knowledge is made visible. Yet the female figure is neither the agent nor the narrator of this opening. She is merely the object of representation. The opening of the female body in medieval visual culture functions not only as a physical act, but as a ritualized surface upon which meaning is produced. The nude figure placed at the center of the birth scene is neither eroticized nor

entirely neutralized; rather, she is represented on a threshold oscillating between fertility and sanctity. The figure of the child emerging from the womb becomes the visual embodiment of life overflowing from within the body. This act symbolizes not only a biological process but also the reconstitution of a social order through the female body. The fact that all participants in the scene are women suggests that knowledge transmission occurs on a plane independent of male authority. The hands that give birth, carry, care for, and cleanse all belong to women, thus transforming the visual discourse into more than a depiction of childbirth it reveals an intergenerational female wisdom and an evolving corporeal memory. Situated within a bedroom interior, the scene is removed from the external world's authority and instead becomes a vessel for inward rituality. In contrast, early modern medical illustrations reframe the act of bodily opening not as a symbolic ritual, but as a scientifically justified means of accessing knowledge. In the visual medical literature of the seventeenth century, the human body is fragmented and transformed into a legible object. The cavity opened in the female body no longer serves the sanctity of life, but instead fulfills the requirements of an emerging epistemological order. The same gesture of opening now culminates not in birth, but in autopsy. The interior of the body becomes accessible not only to God, but also to human intervention (Bidloo, 1685, Tab. 56). When these two scenes are placed side by side, it becomes clear that visual representations reflect not only the artistic sensibilities of their time but also the evolving meanings attributed to the body. While in medieval miniatures the body is rendered as an integrated whole containing symbolic meaning, in the early modern period this integrity is redefined as a system that can be dissected, measured, and anatomized (Camille, 1989, p. 143).

### 3.2 The Visual Representation of Cesarean Birth in *Faits des Romains*, Schøyen Collection (fol. 199r)

The cesarean birth scene depicted in the *Faits des Romains* miniature from the Schøyen Collection (fol. 199r) conveys not only a surgical act but also a concentrated visual expression of female knowledge-sharing, figural symbolism, and the ritual nature of childbirth. At the center of the composition lies the body of a nude yet partially draped woman, surrounded by three other female figures who are directly engaged in the event. All figures in the scene are women, each assuming an active role; however, their head shapes, hairstyles, and the objects they hold differ from one another. These differences indicate not only a division of tasks but also evoke distinct symbolic domains. The mother figure is portrayed in a slightly bent posture. Her eyes are closed, and her head tilts slightly to the side. Her body is draped in cloth; the knees and legs are not visible. This positioning implies that the mother may not be entirely dead but possibly in a state of unconsciousness. However, as the figure exhibits no signs of responsiveness, the visual narrative positions her as a silent body. The posture is semirecumbent, suggesting that the body retains a semblance of vitality. This ambiguity reveals that the scene conveys not only a surgical intervention, but also a symbolic visualization of the threshold between life and death. The mother figure exists in a liminal state neither fully dead, nor fully alive. The infant depicted in the miniature deviates notably from the physiological realities of the birthing moment. Both the proportions of the body and the infant's open, conscious gaze distance the figure from that of an ordinary newborn. The typically closed eyelids, fragile physiognomy, and helpless gestures associated with a newly delivered infant are entirely absent. On the contrary, the infant figure appears fully alert and bodily composed as if already prepared to enter the world as a matured individual. This is not merely an aesthetic decision, but an iconographic strategy: the infant is presented not as a biological organism, but as a symbolic figure. In this context, when the scene is understood to depict the birth of Julius Caesar, the child's conscious expression

and developed form serve as visual foreshadowing of his future historical and political authority. In medieval iconography, such representations particularly in mythological or hagiographic (saints' lives) scenes are commonly associated not with naturalistic conceptions of the body and nature, but with divine destiny and supernatural election. The depiction of an extraordinary mode of birth such as a cesarean, alongside a figure exhibiting unnatural maturity, imparts a metaphysical dimension to the scene: this birth is not ordinary, and this child is not meant to be ordinary either. On the left side of the scene, the woman extracting the infant from the womb is shown in a bent posture, actively engaged in the intervention. Her head is uncovered, and her hair is styled in braids. Braided hair symbolizes both order and skill. In medieval miniature iconography, an uncovered head may, in some contexts, indicate social status, while in others it functions as a symbol of medical or technical responsibility. The braid, particularly in scenes involving childbirth or other procedures requiring physical expertise, serves as a visual reference to manual proficiency. The careful braiding of the woman's hair suggests that she is not merely an assistant, but a knowledgeable and experienced practitioner. Her clothing is simple, lacking ornamentation or color variation. This simplicity indicates that the figure is focused on her task and that visual priority is placed on function. The second female figure, positioned closest to the mother, holds a knife in her right hand. Likely responsible for making the initial surgical incision, this figure does not extract the infant but initiates the procedure. Her head is also uncovered, and her hair is braided. In this context, the uncovered head signifies not only technical responsibility but also authority. The braided hairstyle is identical to that of the figure who removes the infant, suggesting that both women are specialists of equal experience working collaboratively. Both are engaged in direct physical intervention with the mother's body. This connection between uncovered hair and surgical action establishes an iconographic link between visible hair and operative authority. The third female figure, located in the rear right of the scene, holds a large towel or cloth in her hands. Her head is covered, and her hair is not visible. Although she is not engaged in direct physical intervention, her positioning suggests that she is preparing to wrap the newborn or cover the mother's body. In iconographic terms, the head covering is associated with ritual cleansing, care, or discretion. It also symbolizes the figure's supportive and auxiliary role. She is the most static figure in the composition and is positioned in a less prominent location compared to the others. Yet she embodies the act of "closure" within the scene she is the one who will wrap the child, veil the body, and restore privacy after the birth. The differences in hairstyle and head covering among the three women underscore that in miniature iconography, the female figure is not depicted solely as "a woman," but as a designated actor whether practitioner, attendant, or ritual agent. The presence or absence of a head covering in this scene conveys not only moral connotations, but also visual codes related to technique, ritual, and expertise. The two uncovered, braid-haired figures are shown handling the scene's most critical objects the knife and the infant suggesting that, within cesarean birth representations, surgical intervention is conducted by women yet within a clearly hierarchical structure. Moreover, none of the figures display dramatic facial expressions or emotional gestures. This absence signals that the scene is not presented as a vital life event, but rather as a composed moment of knowledge transmission. Here, childbirth is not a lived experience but a technically executed, knowledge-driven procedure.

## 4. An Anatomical and Surgical Reading of Medieval Cesarean Representations

The depiction of cesarean birth in medieval miniatures represents not only a ritualized portrayal of the female body but also serves as a visual document exposing the limited anatomical knowledge and surgical inadequacies of the period. In the first miniature (British Library, Royal MS, *Faits des Romains*), the woman is depicted nude and lying in a supine position, and the birth appears to be performed via a transverse uterine incision. However, the anatomical layers of the abdominal wall *cutis*, *subcutis*, *fascia superficialis*, *musculus rectus abdominis*, *peritoneum parietale*, and *viscerale* are entirely omitted; only the moment in which the fetus is extracted from the uterine cavity is illustrated (*see Figure 1*). This indicates that, at an anatomical level, the stages of laparotomy (abdominal incision) and hysterotomy (uterine incision) are iconographically elided. By excluding the technical details of surgical intervention, the representation reduces the birth to a moment of "miracle," detached from the woman's body. Another notable omission in the miniature is any depiction of hemostatic control. Yet the uterus, particularly due to its vascular structures such as the *a. uterina*, *a. ovarica*, and *a. vaginalis*, is highly vascularized, and uncontrolled hemorrhage has historically been one of the leading causes of maternal mortality in cesarean procedures (Turamanlar & Songur, 2014). No visual reference is made to ligation, cauterization, or any attempt to control bleeding. Nor is there any indication of uterine wall closure by suture. In contemporary obstetric practice, the double-layer uterine closure technique is generally recommended due to its association with greater residual myometrial thickness and more favorable uterine scar formation. In contrast, single layer closure is more frequently associated with the formation of uterine niches and an increased risk of uterine rupture (Özler, 2019). In the second miniature (*Tacuinum Sanitatis*), the female figure is depicted in a slightly lateral-leaning, upright position, supported from behind. While this position is not favored in modern obstetrics, it carries a heightened sense of dramatic intensity within the visual narrative. The most striking detail in the scene is the depiction of the fetus being delivered through a vertical incision made in the fundal region of the uterus. This incision likely corresponds to the classical longitudinal uterine incision technique; however, this method is associated with higher rates of uterine rupture, hemorrhage, and postoperative morbidity compared to the lower segment transverse incision technique (Hofmeyr et al., 2008). Longitudinal incisions run perpendicular to the orientation of myometrial fibers, leading to increased tension along the incision line during uterine contractions. This tension impairs healing and often results in a structurally weaker scar. In both scenes, essential pathophysiological components of cesarean delivery such as aseptic technique, analgesia or anesthesia, postoperative monitoring, uterine involution, placental separation, and the risk of puerperal infection are entirely omitted. The miniatures lack any depiction of modern aseptic elements such as gloves, disinfectant solutions, sterile drapes, or surgical instruments. In contrast, contemporary cesarean procedures standardly include preoperative skin disinfection (using povidone-iodine or chlorhexidine), prophylactic antibiotic administration, and the establishment of a sterile surgical field. Moreover, cesarean deliveries performed under spinal or epidural anesthesia aim to ensure maternal comfort and hemodynamic stability. In the visual representations, the mother's response to pain is symbolically suppressed, often conveyed through expressionless facial features. Another striking absence is any indication of the mother's condition following the cesarean procedure. In reality, postpartum monitoring involves multiple steps including uterine involution, hemorrhage surveillance, vital sign assessment, initiation of lactation, anemia screening, and infection control. Yet all of these processes are effaced from the iconographic plane, reducing the birth event to the singular moment of the child's emergence into the World (*as shown in Figure 2*). The physiological, psychological, and potentially traumatic dimensions of surgical intervention

on the female body are entirely excluded from the representation. This omission reveals how medieval birth imagery was shaped by both patriarchal iconography and limited medical knowledge. Ultimately, both miniatures demonstrate that cesarean birth is not merely a technical procedure, but a visual manifestation of the era's understanding of anatomy and surgery. The direction of incisions, birthing positions, absence of hemostasis, lack of suturing, and unawareness of aseptic technique all reflect the historical distance from modern obstetric standards. When compared to contemporary surgical practices, these representations function more symbolically than medically, displacing the woman's agency in the birth process and reducing her body to a transitional conduit.

## 5. Conclusion

The historical trajectory of cesarean birth is intertwined not only with the evolution of surgical techniques, but also with the transformation of knowledge production about the female body, modes of representation, and the establishment of authority. Spanning from ancient myths to medieval iconography, from the visual culture of early modern medicine to contemporary obstetric literature, this practice of birth has been repeatedly redefined, reconstructed, and rearticulated in every era. In this context, the cesarean section is not merely a surgical incision into the uterus it is also a representational space opened by knowledge, ideology, and cultural codes. The depiction of cesarean birth in medieval miniatures reflects the imprint of limited anatomical knowledge, inadequate surgical methods, symbolic narratives, and the silent female body. These images reveal not just a medical procedure, but a visual archive of how female reproductive agency was mediated, silenced, and aestheticized within the cultural logic of their time. At the anatomical level, the incision of the uterus without depiction of the abdominal wall layers, the absence of hemostasis, and the omission of postoperative processes reveal the medical deficiencies within the representation. Simultaneously, at the iconographic level, the mother's passivity, the centrality of the child, and the silence of the female figures expose the ideological dimension of the scene. These images strip childbirth of its identity as a female experience, transforming it into a staged event enacted upon the woman's body a ritual shaped by male authorship and visual authority. Yet from within this dominant mode of representation, a counter-current also emerges. Despite their medical limitations, the miniatures found in works such as *Faits des Romains* and *Tacuinum Sanitatis* contain subtle traces of female-to-female knowledge transmission, intuitive expertise, and visual rituals. These elements suggest the presence of a parallel epistemology one rooted not in formalized science, but in embodied wisdom and communal practice. In the scene from the Schøyen Collection in particular, the gestures, hairstyles, objects held, and bodily postures of the women surrounding the central figure suggest that cesarean birth is not merely a surgical act, but also a collective ritual a choreography of interfemale knowledge. The hands that perform the delivery belong to women; the knowledge of childbirth resides not in written texts, but in the embodied memory of lived experience. When these two miniatures are read in tandem, it becomes evident that cesarean birth functions both as an object of visual memory and as a historical rupture in medical narrative. The first (*Royal MS G 16 VII*) dramatically stages the mother's silence and the visual dominance of the child at the threshold between life and death. The second (*Schøyen Collection, fol. 199r*), by surrounding the act of birth with female figures, evokes a culture of intuitive obstetric knowledge embedded in practice, yet unwritten at once technical and ritualistic in nature. These miniatures serve not only as documents of medical history, but also as records in the history of representation. One translates the female body into text; the other frames it as the bearer of an invisible, embodied knowledge. While cesarean birth today is a safe surgical procedure supported by antisepsis, anesthesia, uterine

suturing techniques, and postpartum monitoring these visual testimonies from the past remind us that medical practices are also shaped by cultural and ideological formations. Cesarean birth is not merely the opening of the abdominal and uterine walls; it is a ritual in which the body is opened to knowledge, authority, and the construction of meaning. That this ritual has been performed by different hands in different eras reveals not only the evolution of medicine, but also society's shifting claims over the body. Ultimately, the visual and medical representations of cesarean birth offer not only a lens through which to understand the past, but also a critical tool for interrogating the present. The narrative that begins with the opening of the body stages not only the birth of a child, but also the emergence of an idea, a memory, and a gaze.

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**Figure 1.** The birth of Julius Caesar (*Les Faits des Romains*, London, British Library, Royal MS G 16 VII, fol. 219r).

**Figure 2.** The birth of Julius Caesar (*Les Faits des Romains*, manuscript in the Schøyen Collection, fol. 199r).

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